blood injected having always been a small one when compared to the body-weight—viz., from three to eight drachms—its action certainly resembles that of a ferment. These experiments explain why fever is so very violent in certain diseases where the quantity of ferment passing into the blood is large, as, for instance, in peritonitis and acute rheumatic inflammation of the joints; at the same time, they give us a clue why it is that in other affections metastatic inflammation may be caused without the intermedium of emboli, as, for instance, endo- and pericarditis from rheumatic fever, parotitis from orchitis, and inflammation of serous membranes from pyæmia and septicæmia.—*Med. Times and Gaz.*, Feb. 25, 1865.

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24. *Sea-sickness as a Form of Hyperæsthesia.*—Dr. J. ALTHAUS, in a paper read before the Royal Medical and Chirurgical Society (Jan. 10, 1865), observed that "most writers on sea-sickness consider this affection to be due to hyperæmia of the brain and spinal cord, or to a morbid condition of the gastric nerves. The object of this paper is to show that sea-sickness is, in reality, caused by anæmia of the brain and the cervical portion of the spinal cord, arising from insufficient power of the heart, and whereby a general increase of reflex excitability throughout the system is brought about. The first and most constant symptom of the disorder is not retching or vomiting, but vertigo, which is most severe in the standing posture, and at once relieved by a strictly horizontal position, and which is thus proved to arise from a deficient amount of blood in the nervous centres. The increase of reflex excitability is also shown by greater sensitiveness of the patient to light, sound, touch, etc.; and in some cases there are even reflected spasms in the lower extremities. It is, however, greatest in the stomach, as evidenced by retching and vomiting, the degree of which is dependent upon the posture of the patient, but not upon the full or empty condition of the stomach, or its greater or less vital power. This increase of excitability is, after a time, generally followed by a considerable diminution of it, there being great torpor and profound indifference. The organ primarily disturbed, therefore, appears to be the heart, which, in consequence of the ship's motions, becomes unable to propel the blood with sufficient power into the nervous centres. The blood is accumulated in the chest and the abdomen, where it produces a feeling of pressure and heat. Persons with a strong heart and a slow pulse generally suffer little from sea-sickness; while irritable people, with a quick pulse and a tendency to palpitations, are more liable to be affected. This explains to a certain extent the different liability to sea-sickness of the different nations; for, as a rule, the French and Italians, being of a more irritable temper, suffer most, the Germans less, and the English least, of the disorder. The treatment of sea-sickness flows directly from the pathology just enunciated. Our task should be to facilitate the afflux of blood to the nervous centres, and to strengthen the heart's action. For this purpose a horizontal position should be enjoined, and a few tablespoonfuls of well-seasoned beef-tea, and small doses of brandy, should occasionally be given."—*Med. Times and Gaz.*, Feb. 4, 1865.

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25. *Organic Lesion of the Nervous Centres in General Paralysis.*—M. JOIRE has described as a lesion invariably attending the general paralysis of the insane, the development, on the anterior and inferior surface of the fourth ventricle, of small mammillated projections or granulations, resembling the *cutis anserina.* The appearance is marked in proportion to the duration of the disease. In patients who die at an early stage, the granulations are numerous, very small, and appear like scattered grains of sand. In cases of long standing, the projections are large, whitish or transparent, and of a sufficiently firm consistence to feel like rugosities. They attain their greatest development at the lower part of the floor of the fourth ventricle, at the level of the point of divergence of the restiform bodies. The lesion is generally attended by more or less considerable dropsy of the ventricles and meninges. It is sometimes accompanied by softening of the superficial layer of cerebral substance in which it is seated; this layer has then a gelatinous semitransparent appearance, and is easily raised by the handle of the scalpel. In five or six cases, M. Joire has found similar

granulations, generally very small and numerous, in the parts forming the floor of the lateral ventricle.—*Brit. Med. Journ.*, Nov. 5, from *Bull. Méd. du Nord*, and *Gaz. Méd. de Paris*, Aug. 27, 1864.

26. *Pathology and Treatment of Aphthæ.*—In the *Gazette Hebdomadaire* Dr. JULES WORMS treats, in a recent paper, of a disease which is lost in a host of buccal affections described by modern authors. His subject is *aphthæ*—a denomination formerly applied to every superficial and acute irritation of the mucous lining of the mouth, and which Guersant, Billaut, and Gardien have shown to consist in a vesicular and ulcerous eruption of the mucous membrane, which runs its course in the period of one or two weeks.

From minute examination of the deposit on the surface of aphthæ, Dr. Worms concludes that it consists of a fatty matter, which is not to be found in any other disease of the mouth, and exclusively characterizes aphthæ. The epithelium rises and soon breaks, exposing to view a yellowish secretion, previously discernible through the transparent cuticle, and of which the microscope and chemical tests invariably show the sebaceous nature. It may, on the other hand, be remarked that aphthæ are never met with on the anterior portions of the mucous membrane, where anatomists have failed in discovering any muciparous glands and where *herpes labialis* more commonly occurs; hence Billard's surmise that aphthæ are a disease of the mucous follicles, characterized by a peculiar sebaceous deposit, acquires additional probability.

In Dr. Worms' opinion aphthæ are, therefore, but the *acne* of mucous membranes.

This practitioner infers from the solubility of the exudation in ether, that this substance may be a useful local remedy for aphthæ. The pain caused by the eruption, and the difficulty of checking its progress, are well-known features of the disease, and the inefficacy of cauterization, chlorate of potash, anodynes, and other methods of treatment usually prescribed, is very generally acknowledged. Dr. Worms has, on the contrary, resorted to ether with much benefit; this remedial agent removes the yellowish secretion, a new epithelium promptly forms, and no trace of the superficial ulcers remains beyond slightly increased vascularity of the mucous membrane. Either may, therefore, be applied locally with advantage, but the fact of the frequent connection of aphthæ with gastric disturbance must at the same time be borne in mind.—*Glasgow Med. Journ.*, July, 1864, from *Journ. of Pract. Med. and Surg.*

27. *Itching in the Affected Parts in Bronchitis and Coryza caused by Bacteria in the Secretions.*—M. POUCHET was led to suspect that the itching in the affected parts, often experienced by patients, in bronchitis, coryza, and otitis might be analogous to the same sensation produced by ascarides, and be occasioned by microscopic animalcules. This idea led him to examine the sputa first expectorated by a patient with slight pulmonary catarrh who had been awakened from a calm sleep by a violent itching in the trachea, when he found the secretion to contain an immense number of bacteria moving rapidly; some monads were also present. In half an hour afterwards, the expectoration, which was abundant, presented no trace of these organisms. A similar observation was made in a case of coryza; as well as in one of chronic otitis of the external ear. M. Pouchet says that the appearance of these animalcules—bacteria, monads, and vibrios—coincides with the rapid putrefactive changes undergone by the secretions of the mucous membranes and of some parts of the skin, under the influence of an elevated temperature and of retention on the surface of the membranes.—*Gazette Médicale de Paris*, Nov. 19, 1864.

28. *Spores of the Achorion Schonleinii in the Air surrounding Patients affected with Favus.*—In order to demonstrate the possibility of favus being propagated through the medium of the air, without mediate or immediate contact or inoculation, M. BAZIN has performed the following experiments: He selected a patient, aged sixteen, who had suffered from favus for seven years, affecting the whole of the hairy scalp, and placed him under such circumstances that a current of air passing over his head was directed against two jars filled